



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

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NHRECOVERY
putting new hampshire to work

Approved by G+C
Date 10/20/10
Page _____
Item No. 60-A

September 21, 2010

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS) to enter into a sole source amendment, Amendment 2, PO # 102544, with the University of New Hampshire Institute of Health Policy and Practice, (hereinafter UNH-IHPP) (vendor # 177867), Durham, NH, by increasing the price limitation in the amount of \$562,281 from \$1,070,664 to an amount not to exceed \$1,552,945 for the period from September 22, 2010, or the date of Governor and Executive Council approval, whichever is later, through June 30, 2011, to obtain vendor services on DHHS projects for the Office of Medicaid Business and Policy (OMBP) and the Bureau of Behavioral Health (BBH). This amendment to the existing two-year Cooperative Project Agreement shall be carried out under the terms and conditions of the Master Agreement of Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified in this, Cooperative Project Agreement.

The initial Cooperative Project Agreement between DHHS and the University of New Hampshire, Institute for Health Policy and Practice, was approved on June 9, 1999 (Item No. 49). The Department of Health and Human Services has worked with this vendor through Cooperative Project Agreements dated: June 21, 2000 (Item No. 95), June 6, 2001 (Item No. 61), July 16, 2003 (Late Item No. B), October 8, 2003 (Item No. 75), September 21, 2005 (Item No. 111), September 5, 2007 (Item No. 52), June 17, 2009 (Item No. 93), and February 9, 2010 (Item No. 54). Funds are available in the following accounts according to state fiscal year with authority to adjust amounts, if needed and justified, between state fiscal years.

05-95-95-956010-6126 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND
HUMAN SVCS, HHS: COMMISSIONER, OFF MEDICAID & BUSINESS POLICY,
MEDICAID ADMINISTRATION

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>Decrease</u>	<u>Revised Modified</u> <u>Budget</u>
SFY 2010	102/500731	Contracts for Program Services	\$428,665.00	\$0.00	\$428,665.00

SFY 2011	102/500/731	Contracts for Program Services	\$487,899.00	\$132,281.00	\$620,180.00
		Subtotal	\$916,564.00	\$132,281.00	\$1,048,845.00

**05-95-48-481010-8920 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND
HUMAN SVCS, HHS: ELDERLY - ADULT SERVICES, GRANTS TO LOCALS, MONEY FOLLOWS
THE PERSON**

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>Decrease</u>	<u>Revised Modified</u> <u>Budget</u>
SFY 2010	102/500731	Contracts for Program Services	\$51,738.00	\$0.00	\$51,738.00
SFY 2011	102/500/731	Contracts for Program Services	\$102,362.00	\$0.00	\$102,362.00
		Subtotal	\$154,100.00	\$0.00	\$154,100.00

**05-95-92-920010-7010 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND
HUMAN SVCS, HHS: BEHAVIORAL HEALTH-DIV OF, DIV OF BEHAVIORAL HEALTH,
COMMTY MENTAL HEALTH SVCS**

<u>State Fiscal</u> <u>Year</u>	<u>Class Object</u>	<u>Class Title</u>	<u>Current Modified</u> <u>Budget</u>	<u>Increase/</u> <u>Decrease</u>	<u>Revised Modified</u> <u>Budget</u>
SFY 2011	102/500731	Contracts for Program Services	\$0.00	\$350,000.00	\$350,000.00
		Subtotal	\$0.00	\$350,000.00	\$350,000.00
		Contract Total	\$1,070,664.00	\$482,281.00	\$1,552,945.00

EXPLANATION

This is a sole source request. UNH was selected to provide these services without formal requests for proposal because: (a) it is New Hampshire's State-supported University, and (b) the DHHS, in cooperation with the University, has established and supported the development of the UNH-IHPP for the purpose of providing the State with this type of technical assistance and support. Furthermore, this Cooperative Agreement has been approved by the Centers for Medicare and Medicaid Services.

The purpose of this Requested Action is to provide funding to the University of New Hampshire Institute of Health Policy and Practice (UNH-IHPP) to assist the Department of Health and Human Services (DHHS) with additional projects within the scope of the current agreement. The UNH-IHPP currently works with DHHS to support its mission and to implement DHHS initiatives through the provision of project management, technical assistance, and consultative services. This amendment request provides resources for UNH-IHPP to assist OMBP in developing a State Medicaid Health Information Technology Plan (SMHITP) and an Electronic Records Incentive Program, (EHRIP), and to assist the Bureau of Behavior Health (BBH) in setting capitation rates for a new outcome-drive, prepaid mental health plan.

Development of State Medicaid Health Information Technology Plan and Electronic Records Incentive Program

OMBP is requesting this amendment in order for UNH-IHPP to assist in the planning and implementation of the New Hampshire Medicaid Health Information Technology Planning Project, consisting of both the State Medicaid Health Information Technology Plan and the Electronic Health Records Implementation Plan. The American Recovery and Reinvestment Act (ARRA) of 2009 provides funding and direction for the New Hampshire Medicaid Health Information Technology Planning project, including the development of a State Medicaid Health Information Technology Plan and an Electronic Records Incentive Program, with 90% federal funding participation. The State Medicaid Health Information Technology Plan will consist of a current landscape assessment of the health information technology used by Medicaid providers, a vision for what the landscape will look like in five years, and a roadmap to reaching the vision. The Electronic Health Records Information Plan will allow New Hampshire Medicaid to make incentive payments to hospitals and certain eligible providers that use certified electronic health records systems in a clinically meaningful way, as defined in Centers for Medicare and Medicaid Services regulations.

The State Medicaid Health Information Technology Plan and Electronic Health Records Information Plan are administered federally by the Centers for Medicare and Medicaid Services (CMS). As part of its administration of the state funding, CMS requires states to develop a "Planning Advanced Planning Document (PAPD)," a proposal for how the State would use and benefit from the 90% technology funding. OMBP's PAPD was approved by CMS on June 16, 2010. The approved PAPD includes a request to devote planning funds to OMBP's existing Cooperative Project Agreement with UNH-IHPP for Medicaid support services. In addition to the UNH-IHPP longstanding relationship with OMBP, the UNH-IHPP staffed the New Hampshire Citizen's Health Initiative's statewide efforts to create 2009's Strategic Plan for Health Information Technology and Exchange, and to foster the adoption of ePrescribing. The UNH-IHPP has also been recently engaged in a separate Cooperative Project Agreement with the DHHS Office of Health Information Technology to provide survey, technical, and policy assistance and expertise for New Hampshire's Health Information Exchange efforts in implementing the State level Health Information Exchange components of ARRA. Both projects are coordinated through a DHHS steering committee to leverage resources and avoid duplication of efforts.

For the NH Medicaid Health Information Technology Planning project, the UNH-IHPP will develop and maintain a project management plan and provide staffing for project management and outreach, working with state managers and personnel in each phase of the plan. Under OMBP's direction, UNH-IHPP staff will perform the landscape assessment, develop the State Medicaid health information technology and electronic health records implementation plan, participate in the National Association of State Medicaid Directors Multi-State Collaborative efforts, research practices and lessons learned from implementations by Medicaid programs in other states, and participate in the State level Health Information Exchange efforts to assure a coordinated effort.

Setting Capitation Rates for a Prepaid Healthplan for Clients in Need of Mental Health Services

BBH is requesting this amendment in order for UNH-IHPP to assist in the engagement and oversight of actuarial services to set the capitation rates for the Prepaid Health Plan. Medicaid enrollment at community mental health centers (CMHC's) and Medicaid expenses at CMHCs through the current fee-for-service payment

structure continue to increase at a rate that cannot be sustained. The service delivery system does not have the degree of elasticity required to be able to respond to increases or decreases in demand for services or to effectively meet the changing demands of New Hampshire's population. Accordingly, the BBH is launching a payment reform initiative which will establish a new payment methodology for community mental health services emphasizing payments tied to outcomes, and moving from fee-for-service payments to a more efficient payment model that incentivizes quality of care and recovery through a shared risk capitated payment model. To accomplish this, the State of New Hampshire, through the BBH, plans to seek a 1915(b) "freedom of choice" waiver from CMS to deliver and pay for Medicaid services to Medicaid-eligible adults with severe mental illness or children with a severe emotional disturbance through a Prepaid Health Plan.

In the Prepaid Health Plan envisioned by BBH, the CMHC's will be paid on a per-member, per-month (PMPM) basis. Substantial expertise is necessary to perform the PMPM rate setting function. CMS does not allow states to do this work themselves. In order to comply with CMS regulations, BBH must engage an outside actuarial firm to do financial and Medicaid claims analysis and calculate the capitation rates.

Geographic Area to be Served

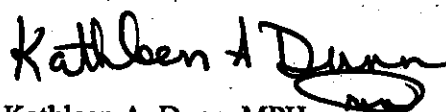
Statewide.

Source of Funds

Funds for this amendment are 67.6% federal funds, 32.4% general funds.

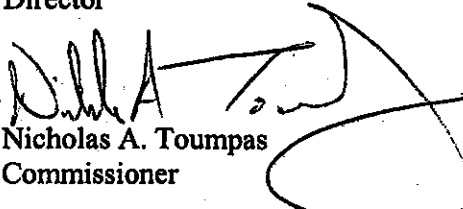
In the event Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Kathleen A. Dunn, MPH
Director

Approved by:



Nicholas A. Toumpas
Commissioner

**AMENDMENT #02 to
COOPERATIVE PROJECT AGREEMENT**

between the
**STATE OF NEW HAMPSHIRE, Department of Health and Human Services, Office of Medicaid and
Business Policy**
and the
University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 6/17/09, item # 93, for the Project titled "2010-2011 New Hampshire Institute for Health Policy and Practice," Campus Project Director, **Patrick Miller**, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- ☐ Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- ☒ Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- ☐ Other:

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of _____ with _____ and/or USNH campus from _____ to _____.
- Article B. is revised to replace the Project End Date of _____ with the revised Project End Date of _____, and Exhibit A, article B is revised to replace the Project Period of _____ with _____.
- Article C. is amended to expand Exhibit A by including the proposal titled, "2010-2011 New Hampshire Institute for Health Policy and Practice, State Medicaid Health Information Technology Plan and Mental Health Actuarial Assessment," dated _____.
- Article D. is amended to change the State Project Administrator to _____ and/or the Campus Project Administrator to _____.
- Article E. is amended to change the State Project Director to _____ and/or the Campus Project Director to _____.
- Article F. is amended to add funds in the amount of **\$562,281** and will read:

Total State funds in the amount of **\$1,552,945** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

- Article F. is amended to change the cost share requirement and will read:

Campus will cost-share _____ % of total costs during the amended term of this Project Agreement.

- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are from _____ Grant/Contract/Cooperative Agreement No. _____ from _____ under CFDA# _____ Federal _____.

regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as revised Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

Article is amended in its entirety to read as follows:

Article is amended in its entirety to read as follows:

- Article H. is amended such that:

- ☐ State has chosen **not to take** possession of equipment purchased under this Project Agreement.
- ☐ State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

- ☒ Exhibit A is amended as attached.

- ☐ Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #02** to the Cooperative Project Agreement.

**By An Authorized Official of:
University of New Hampshire**

Name: Victor Sosa

Title: Manager of Research Administration

Signature and Date:  9-13-10

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: Rebecca L. Woodward

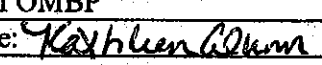
Title: Assistant Attorney General

Signature and Date:  9/30/10

**By An Authorized Official of:
NH DHHS, Office of Medicaid and
Business Policy**

Name: Kathleen A. Dunn, MPH

Title: Director of OMBP

Signature and Date:  9/13/10

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name:

Title:

Signature and Date:

EXHIBIT A

- A. Project Title:** 2010-2011 New Hampshire Institute for Health Policy and Practice & State Medicaid Health Information Technology Plan and Mental Health Actuarial Assessment
- B. Project Period:** Through June 30, 2011
- C. Objectives:** Original Statement is un-amended and is as follows: Support the mission of the Office of Medicaid Business and Policy Medicaid program, by providing timely and accurate statistics, data and information, research and analysis, and assessments for Medicaid program development, evaluation and policy decisions to improve the health and health care delivery for the citizens of NH.
- D. Scope of Work:**
- 1) The Campus will assist the State in its planning process for the development of a State Medicaid Health Information Technology Plan (SMHITP) and an implementation plan for the Medicaid Electronic Health Records (EHR) Incentive Program. Campus will develop and maintain a project management plan and provide staffing for project management and outreach, working with state managers and personnel in each phase of the plan. In collaboration with State, Campus staff will perform the landscape assessment, develop the SMHITP and incentive program implementation plan, participate in National Association of State Medicaid Directors (NASMD) Multi-State Collaborative efforts, research practices and lessons learned from implementations by Medicaid programs in other states, and participate in the state level Health Information Exchange efforts.
 - 2) The Department of Health and Human Services Bureau of Behavioral Health (BBH) is launching a payment reform initiative which will establish a new payment methodology for community mental health services emphasizing payments tied to outcomes, and moving from fee-for-service payments to a more efficient payment model that incentivizes quality of care and recovery through a shared risk capitated payment model. To accomplish this, the State, through the Bureau of Behavioral Health, will be seeking a 1915(b) "freedom of choice" waiver from the federal Centers for Medicare and Medicaid Services (CMS) to deliver and pay for Medicaid services to Medicaid-eligible adults with severe mental illness or children with a severe emotional disturbance through a Prepaid Health Plan. Campus will obtain actuarial services to calculate the capitation rates for the Prepaid Health Plan. Capitation rates will be determined no later than June 30, 2011.
- E. Deliverables Schedule:**

[Signature]
4-13-10

F. Budget and Invoicing Instructions:

	FY10	FY11
Original Amount	\$428,665	\$487,899
Amendment #2 (Decrease to CORE Funding)		\$(80,000)
Amendment #1 (BEAS MFP)	\$51,738	\$102,362
Amendment #2: SMHITP Project		
IHPP Salaries*		\$119,319
IHPP Staff Fringe Benefits		\$50,551
IHPP Staff Indirect Costs		\$25,481
Out of State Travel		\$6,000
Website Design and Maintenance (UNH Web Solutions)		\$10,000
Provider Survey for Environmental Scan (UNH Survey Center)		\$40,000
Provider and Member Communications (Printing/Mail/Web Services)		\$10,000
Supplies and telephone		\$4,000
Subtotal: SMHITP Project Budget		\$265,351
Less: Current Funding		\$(53,070)
Total SMHITP Increase		\$212,281
Amendment #2: DHHS BBH Actuarial Analysis		\$350,000
Total Amendment #2 Amount		\$562,281
Sub total Amount	\$480,403	\$1,072,542
Total Agreement Amount	\$1,552,945	

* 0.05 FTE Senior Technical Lead,
0.05 FTE Senior Project Lead,
1.00 FTE Project Manager,
0.50 FTE Outreach/Education Coordinator.

1. It is understood that in no event shall the total payments made by the DHHS under the Original Agreement, Amendment #1, & Amendment #2 exceed the sum of \$1,552,945.
2. Payment Method: Payments to campus for services provided and associated deliverables will be made by State upon receipt and approval of invoices that will be submitted on a monthly basis. Invoices will reflect actual hours delivered times labor hourly rate, including fringe, and allowable expenses including out-of-state travel and facilities and administrative costs. Pre-award costs are allowed. Invoices for original Agreement and Amendment 2 activities shall be clearly identified and mailed to:

Dave Moran
Office of Medicaid Business and Policy
129 Pleasant Street
Concord, NH

[Handwritten signature]
9-13-10

Invoices associated for Amendment 1 shall be separately invoiced and mailed to:

Kathleen Otte, cc: Linda Desmond

Office of Elderly and Adult Services

Additional CC: Dave Moran, Office of Medicaid Business and Policy

129 Pleasant Street

Concord, NH

G. Other:

Termination of Services: In the event the Campus chooses to terminate Amendment #2 prior to the agreement termination date, the Campus shall provide a written notice of termination address to OMBP thirty days prior to the date of termination. Conversely, in the event that OMBP chooses to terminate the contract period prior to the contract termination date, OMBP or shall notify the Campus thirty days prior to the date of termination.

[Signature]
9-13-10



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-5254 1-800-852-3345 Ext. 5254
Fax: 603-271-8431 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

January 11, 2010

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

177867

PC 102544

Approved by G+C
Date 2/9/10
Page _____
Item No. 54

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Office of Medicaid and Business Policy (OMBP), to enter into a sole source amendment with the University System of New Hampshire, Institute on Health and Public Policy (UNH-IHPP), Concord, New Hampshire (Vendor ~~92050~~) by increasing the Cooperative Project Agreement by \$154,100 from \$916,564 to \$1,070,664, effective retroactive to January 4, 2010, through June 30, 2011, upon Governor and Council approval. This current Cooperative Project, through June 30, 2011, shall be carried out under the terms and conditions of the Master Agreement of Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified in this Cooperative Project Agreement.

The initial Cooperative Project Agreement between DHHS and UNH-IHPP was approved on June 9, 1999 (Item No. 49). DHHS has worked with this vendor through Cooperative Project Agreements dated: June 21, 2000 (Item No. 95), June 6, 2001 (Item No. 61), June 16, 2003 (Late Item No. B), October 8, 2003 (Item No. 75), September 21, 2005 (Item No. 111), September 5, 2007 (Item No. 52) and June 17, 2009 (Item No. 93). As explained on page three, the UNH-IHPP and DHHS have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the UNH-IHPP is uniquely qualified to provide.

Funding is available in SFY 2010 and 2011, by Fiscal Committee approval on January 8, 2010 (Item # FIS 10-014) and pending Governor and Executive Council approval to accept and expend Center for Medicare and Medicaid Services (CMS) funds for this purpose, with authority to adjust encumbrances between each of the State fiscal years through the Budget Office if needed and justified.

05-95-95-956010-6126 Health and Social Services, Dept. of Health and Human Services, HHS: Commissioner, Office of Medicaid Business and Policy, Medicaid Administration

State Fiscal Year	Class/Object Code	Class Title	Current Modified Budget	Increase/Decrease	Revised Modified Budget
2010	102-500731	Contracts for Program Services	\$ 428,665.00	\$ 0.00	\$ 428,665.00
2011	102-500731	Contracts for Program Services	\$ 487,899.00	\$ 0.00	\$ 487,899.00
		Subtotal	\$ 916,564.00	\$ 0.00	\$ 916,564.00

05-95-48-481010-8920-Health and Social Services, Dept. of Health and Human Services, HHS: Elderly-Adult Services, Grants to Locals, Money Follows the Person.

State Fiscal Year	Class/Object Code	Class Title	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2010	102-500731	Contracts for Program Services	\$ 0.00	\$ 51,738.00	\$ 51,738.00
2011	102-500731	Contracts for Program Services	\$ 0.00	\$ 102,362.00	\$ 102,362.00
		Subtotal	\$ 0.00	\$ 154,100.00	\$ 154,100.00
		Contract Total	\$ 916,564.00	\$ 154,100.00	\$1,070,664.00

EXPLANATION

The purpose of this Requested Action is to provide a Project Director for the Money Follows the Person (MFP) project, known in the State as New Hampshire Community Passport (NHCP), which is funded by a CMS MFP Grant. The MFP project enables the development of programs to assist people who are Medicaid-eligible and living in an institutional setting to move to a less-restrictive setting in their communities. The UNH-IHPP currently works with DHHS and OMBP staff to support its mission and to implement DHHS SFY 2010 and SFY 2011 budget initiatives through provision of project management, technical assistance, and consultative services.

Under CMS' Policy Guidance dated July 30, 2009 (see attached), CMS will provide 100% federal matching funds for salary and benefit costs of a full-time Project Director, with associated administrative costs funded at 50% federal financial participation. CMS stipulations require that the Project Director be either a full time state employee, a contractor with an employer-employee relationship, or a full-time University position, and that the person selected be approved by CMS.

The Project Director will provide leadership and accountability for the NHCP program as follows:

- Supervise the actions of the program specialist assigned to the project;
- Assist with the completion of the operational protocol through the CMS' approval process;
- Manage the NHCP project in accordance with federal requirements and the approved operational protocol;
- Create a strategic plan for the project for the duration of the CMS grant;
- Develop and implement an outreach and training plan to educate community stakeholders throughout the state;
- Report activities and workplan under the guidance of Bureau of Elderly and Adult Services' (BEAS) Bureau Administrator or designee.

This requested action is retroactive to January 4, 2010, to meet CMS' mandate to have a full-time MFP Project Director as required under the MFP grant and to reduce the risk of losing funding by not complying with CMS' requests. Previously, the full-time Project Director was a BEAS staff person until December 2008, when that person left BEAS for other employment, at which time BEAS sought CMS approval to maintain the project with a part-time Project Director. CMS informed BEAS that this would not be acceptable in August 2009. At that time, BEAS started discussing its options based on CMS' stipulations outlined above and pursued the hiring process of a full time MFP Project Director with UNH-IHPP. CMS approved the selected candidate. An offer was made and the individual accepted the position on December 3, 2009. In order to get this program up to capacity and to avoid interruption of the program, this MFP Project Director needed to begin on January 4, 2010.

**Expensing State Project Director's
Salary & Fringe Benefit Cost
July 30, 2009**



After receiving questions and concerns from several MFP Grantees about recruitment and staffing challenges with their Project Director positions, CMS is pleased to issue the following guidance to all MFP Grantees.

- In recognition of the tremendous economic challenges faced by States, the administrative expense (salary and fringe) for the Project Director position, which had previously been covered at a 50% federal match rate, will be covered at a 100% federal match. There will be **NO** matching State funds required to cover the costs of the position and this change will be retroactive to July 1, 2009. (Please report the expense for the PD position on the MFP 64 Form "c" under the 100% column).
- States may begin charging the expense to the grant through the process described above retro-active to July 1, 2009
- 100% funding is only approved for full time 100% dedicated positions. The following examples meet the Term & Condition Requirement #13 of a State employee.
 - A full time State employee.
 - A full time Contracted personnel position with an employee/employer relationship with the grant administering department.
 - A full time University Position that is a university organization that is recognized as a State entity with a memorandum of agreement with the State grant administering department.
- CMS strongly believes that the presence of a full time dedicated staff person leading MFP is vital to the success of a State's MFP program. It is equally important to remember that MFP is not just a transition program, but also a systemic rebalancing program. Even in States that are not transitioning large numbers of individuals, systemic rebalancing efforts to move from institutional to HCBS systems require the dedicated commitment of a full time MFP Project Director.
- The full reimbursement of the Project Director's position is in recognition of the importance of the leadership required to help rebalance the long-term care system and lead the effort to create the services and infrastructure that will enable the disabled and elderly to successfully move out of institutional settings. CMS has the expectation that the MFP Project Director has the skills and knowledge to not only implement the transition program but provide the leadership to help transform the long-term care system in the State through the rebalancing efforts of this demonstration grant program.
- CMS expects the full time 100% reimbursed position to be fully knowledgeable in the programmatic and financial requirements of the demonstration program and perform at a satisfactory level. CMS continues to have the authority and obligation to request that States remove and replace a Project Director that is performing unsatisfactorily with due notification.

As a reminder to all States, please refer to *Money Follows the Person (MFP) Rebalancing Demonstration Programmatic Special Terms and Conditions, section 13*, regarding the MFP Project Director position. All States must continue to adhere to these requirements. this guidance is provided below.

"13. Project Director: Grantees must continue to fully maintain a Project Director that will be a state employee, with sufficient authority to run the demonstration program, dedicated full-time to the MFP project without financial conflicts of interest in the project. Should the named Project Director not continue in the role as full-time MFP Project Director, the grantee shall submit a plan to CMS for continuation of demonstration operations until a new Project Director is fully hired and engaged in the administration and operation of the Demonstration. The grantee shall submit the resume of the new Project Director to CMS project officer for approval."

Competitive Bidding

This agreement was not competitively bid. The University of New Hampshire was selected to complete this Scope of Services without formal requests for proposal because: (a) it is New Hampshire's State-supported University, and (b) the DHHS, in cooperation with the University, has established and supported the development of the UNH-IHPP for the purpose of providing the State with this type of technical assistance and support. As a primary educational facility for the health care workforce in the State, the University is uniquely qualified to assume this responsibility.

The University of New Hampshire is contributing to the expenses of the UNH-IHPP and provides the costs of office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping, and financial records.

Geographic Area to be Served

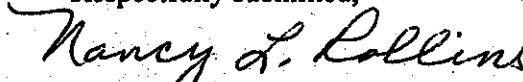
Statewide.

Source of Funds

The amendment is funded 97.2 percent federal funds, 2.8 percent general funds. The total contract is funded 56.8 percent federal funds, 43.2 percent general funds.

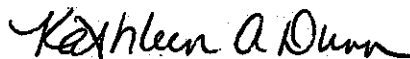
In the event that the federal funds become no longer available, general funds will not be requested to support this service.

Respectfully submitted,



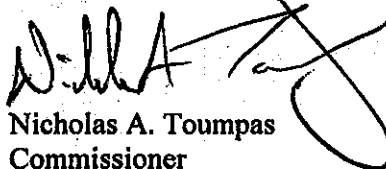
Nancy L. Rollins
Associate Commissioner

and



Kathleen A. Dunn, MPH
Director

Approved by:



Nicholas A. Toumpas
Commissioner

Attachment



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET - MAIN ANNEX, CONCORD, NH 03301-3857
603-271-8166 1-800-852-3345 Ext. 8166
Fax: 603-271-8431 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

Kathleen A. Dunn
Director

NH First
V# 177867
PO# 102544

Approved by G+C
Date 6/17/09
Page —
Item No. 93

May 12, 2009

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (hereinafter DHHS) to enter into a sole source agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (vendor number 92050), in the amount of \$916,563 from July 1, 2009, through June 30, 2011, to obtain vendor services on DHHS projects. This two-year Cooperative Project shall be carried out under the terms and conditions of the Master Agreement of Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified in this, Cooperative Project Agreement.

The initial Cooperative Project agreement between DHHS and the University of New Hampshire, Institute for Health Policy and Practice, was approved on June 9, 1999 (Item No. 49). DHHS has worked with this vendor through Cooperative Projects Agreements dated: June 21, 2000 (Item No. 95), June 6, 2001 (Item No. 61), June 16, 2003 (Late Item No. B), October 8, 2003 (Item No. 75), September 21, 2005 (Item No. 111) and September 5, 2007 (Item No. 52). As explained on page three, the Institute and DHHS have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the Institute is uniquely qualified to provide.

Funds are anticipated to be available in state fiscal years 2010 and 2011, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts if needed and justified between state fiscal years.

Account No.	Description	Budget
SFY 2010 010-095-6126-102-0731	Medicaid Administration	\$427,667
SFY 2011 010-095-6126-102-0731	Medicaid Administration	\$488,896
Total		\$916,563

EXPLANATION

The Requested Action is for approval for the DHHS to enter into a cooperative agreement with the University of New Hampshire, Institute for Health Policy and Practice (hereinafter "the Institute"). The Institute was created under an initial Agreement approved by the Governor and Council on June 9, 1999 (Item Number 49). The potential for this award was included in the original agreement pursuant to Section 17. This award will

allow the Institute to work with the DHHS including the Office of the Commissioner and Office of Medicaid Business and Policy (OMBP). The Institute will work with DHHS and OMBP staff to support its mission and to implement DHHS SFY 2010 and SFY 2011 budget initiatives through provision of project management, technical assistance and consultative services. These services will result in specific deliverables developed to meet four (4) primary objectives:

1. Assessment/revision of Medicaid provider payment methodology and reimbursement policies;
2. Provision of population-based health care data and standardization datasets on health care cost and quality;
3. Assistance in research and policy analysis for program and budget development; and
4. Performance of specific tasks, as requested by DHHS/OMBP, including but not limited to: surveys, actuarial and financial analysis, medical coding reviews/updates, policy analysis, program evaluation or other support services necessary to implement the SFY 2010 and SFY 2011 budget initiatives.

The Institute staff will work with the DHHS/OMBP to analyze business operations with attention to industry practices, review policy and reimbursement rates, make recommendations, and assist in the implementation of changes to provider reimbursement for the purposes of budgetary predictability and cost containment. The priorities will be to complete a new Alternative Payment Methodology (APM) - as required under federal law - for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), to manage the development and implementation of the hospital Outpatient Prospective Payment Systems (OPPS), including performance of a cost/benefit analysis and to provide project management for the implementation of the Medicaid Patient Centered Medical Home Pilot. All recommendations, outlines, and project implementation will be thoroughly documented and staff trained on revisions to rates, and reimbursement policy and procedures.

Institute staff will work with OMBP staff to develop a profile of risk factors and chronic disease prevalence in the Medicaid population, formulate recommendations for improvements to the HealthWRQS Standard Indicator Reports and continue the advancement of the HealthWRQS, and develop quality and safety indicator reports for NH hospitals by health plan.

The Institute will also support the analytic work performed by the DHHS/OMBP staff on a task order basis. Institute staff - or consultants working through the Institute - will assist DHHS/OMBP staff to conduct surveys, actuarial, financial and policy analyses, program evaluation and provide support services necessary to achieve the Department's SFY 2010 and SFY 2011 budget initiatives. Examples of these tasks may include: review of current Medicaid rate structures; development of Medicaid waiver documents; development of a Health Information Technology plan as required by the Centers for Medicare and Medicaid Services (CMS); provision of actuarial services for Medicaid operations (for example, such services as might be required for children's health insurance coverage); and review/update of medical codes for reimbursement.

Over the course of the past two years, the Institute has successfully addressed the activities identified in the Scope of Services for SFY 2008 and SFY 2009. The progress made to date is as follows:

- Consulted with OMBP staff regarding FQHC and RHC reimbursement, worked with the fiscal intermediary to calculate reimbursement based on the federal Outpatient Prospective Payment System (OPPS), and developed a scope of services for inclusion in the encounter fee rates.
- Procured the services of consultants and assisted in an actuarial analysis of costs involved with expansion of the current SCHIP Buy-in program to 19 - 26 year olds.

- Procured the services of UNH health economist to prepare a report for forecasting Medicaid caseload growth for the SFY 2010 and 2011 budget.
- Produced a report on the use of Telehealth technology in Medicaid programs.
- Drafted the required budget neutrality calculation for the submittal of a Medicaid Family Planning waiver to CMS.
- Served as project manager in the development of the proposal for the Patient Centered Medical Home pilot.
- Developed a plan for, and assisted in the writing of, a redesign of the Medicaid orthodontia benefit.
- Oversaw the completion of a client and provider dental survey.
- Procured the services of the UNH Survey Center to conduct a client satisfaction survey of the Enhanced Care Coordination Pilot program.
- Procured the services of a consultant to conduct an actuarial analysis for the Healthy Kids Silver medical and dental benefits for the SFY 2010 and 2011 contract renewal.
- Implemented the administrative rules for hospital discharge data collection, incorporating research on health care cost and quality measures based on national standards (CMS) and other state's experience and tailored to data available to NH.
- Assisted in the development of consumer friendly narratives for publicly disseminated comparative hospital cost and quality reports.
- Drafted a new reporting format for community benefits with OMBP project staff (based on a Wisconsin model); participated in requested project meetings and associated tasks.
- Identified analysts and necessary software resources for development of the Behavioral Health Risk Surveillance report.

Competitive Bidding

This agreement was not competitively bid. The University of New Hampshire (hereinafter "University") was selected to complete this Scope of Services without formal requests for proposal because: (a) it is New Hampshire's State-supported University, and (b) the DHHS, in cooperation with the University, has established and supported the development of the Institute for the purpose of providing the State with this type of technical assistance and support. As a primary educational facility for health care workforce in the State, the University is uniquely qualified to assume this responsibility.

The University of New Hampshire is contributing to the expenses of the Institute and provides the costs of office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping, and financial records.

Geographic Area to be Served

Statewide.

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Source of Funds

Funds for this amendment are 50% General funds and 50% Federal funds.

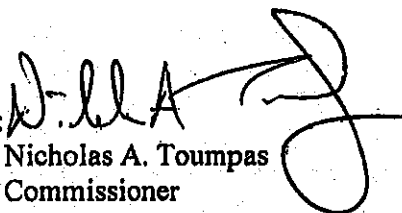
In the event Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Kathleen A. Dunn, MPH
Director

Approved by:



Nicholas A. Toumpas
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET, CONCORD, NH 03301-3857

603-271-5254 1-800-852-3345 Ext. 5254

Fax: 603-271-8481 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Acting Commissioner

Norman W. Cordell
Director

August 15, 2007

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

Approved by G4C
Date 9/5/07
Page 1
Item # 52
Contract # 151035-08

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Business and Policy, to enter into an agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (vendor number 92050), in the amount of \$559,681 from September 5, 2007, or date of Governor and Council approval, whichever is later, through June 30, 2009. The agreement was initially approved on June 9, 1999 (Item No. 49) and amended June 21, 2000 (Item No. 95), on June 6, 2001 (Item No. 61), on June 16, 2003 (Late Item No. B), on October 8, 2003 (Item No. 75) and on September 21, 2005 (Item No. 111). Funds for this purpose are available in the following accounts according to state fiscal year with authority to adjust amounts, if needed and justified, between state fiscal years.

Account No.	Description	Budget
SFY 2008 010-095-6126-097	Medicaid Administration	\$276,466
SFY 2009 010-095-6126-097	Medicaid Administration	\$283,215
Total		\$559,681

EXPLANATION

The Requested Action is for approval for the Department of Health and Human Services to enter into an agreement with the University of New Hampshire, Institute for Health Policy and Practice. The Institute was created under an initial Agreement approved by the Governor and Council on June 9, 1999 (Item Number 49). The potential for this award was included in the original agreement pursuant to Section 17. This award will allow the New Hampshire Institute for Health Policy and Practice to work with the New Hampshire Department of Health and Human Services (NH DHHS), Office of Medicaid Business and Policy (OMBP). The Institute will work with OMBP staff to support its mission and research agenda and to implement SFY

'08 and SFY '09 budget initiatives through provision of technical assistance and consultative services. These services will result in specific deliverables developed to meet four (4) primary objectives:

1. Assessment/revision of Medicaid provider payment methodology and reimbursement policies;
2. Provision of population-based health care data and standardization datasets on health care cost and quality;
3. Assistance in research and policy analysis for program and budget development; and
4. Performance of specific tasks, as requested by DHHS/OMB, including but not limited to: surveys, actuarial and financial analysis, medical coding reviews/updates, policy analysis, program evaluation or other support services necessary to implement the SFY '08 and SFY '09 budget initiatives.

The specific deliverables will include, but not be limited to:

1. The Institute for Health Policy and Practice staff will work with the OMBP to analyze business operations with attention to industry practices, review policy and reimbursement rates, make recommendations, and assist in the implementation of changes to provider reimbursement for the purposes of budgetary predictability and cost containment. The priorities will be to create a new Alternative Payment Methodology (APM) - as required under federal law - for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) and to manage the development and implementation of the hospital outpatient Prospective Payment Systems (PPS), including performance of a cost/benefit analysis. All recommendations, outlines, and project implementation will be thoroughly documented and staff trained on revisions to rates, and reimbursement policy and procedures.
2. Institute staff will work with OMBP staff to develop a profile of risk factors and chronic disease prevalence in the Medicaid population, formulate recommendations for improvements to the HealthWRQS Standard Indicator Reports and continue the advancement of the HealthWRQS, and develop quality and safety indicator reports for NH hospitals by health plan.
3. The Health Policy and Practice Institute will also support the analytic work performed by the OMBP staff on a task order basis. Institute staff - or consultants working through the Institute - will assist OMBP/BHCR staff to conduct surveys, actuarial, financial and policy analyses, program evaluation and provide support services necessary to achieve the Department's SFY '08 and SFY '09 budget initiatives. Examples of these tasks may include: review of current Medicaid rate structures; development of surveys or monitoring tools for selective contracting; provision of actuarial services for OMBP operations (for example, such services as might be required for children's health insurance coverage); and review/update of medical codes for reimbursement.
4. The Institute will also assist in the: development of the Request for Proposal for the clinical and financial evaluation of the GraniteCare Enhanced Care Coordination Pilot Project; oversight of the preparation and conduction of a dental market analysis; and

assessment of the Medicaid and SCHIP application assistor network. Alternative federal and private funding sources in the focus area of community health, population-based health care data, and Medicaid cost management and payment reform will continue to be developed.

5. The Institute will also develop the scope of work under the Medicaid Memorandum of Agreement between UNH and NH DHHS, as directed by OMBP, to provide technical assistance to improve the efficiency of the Medicaid Program. Alternative federal and private funding sources in the focus area of community health, population-based health care data, and Medicaid cost management and payment reform will continue to be developed.

Over the course of the past two years, the Institute for Health Policy and Practice has successfully addressed the activities identified in the Scope of Services for SFY '04 and SFY '05. The progress made to date is as follows:

1. Consulted with OMBP staff regarding FQHC and RHC reimbursement, working with the fiscal intermediary to calculate reimbursement based on the federal Prospective Payment System (PPS).
2. Developed the RFP and Project Workplan, assisted in writing the federal 1915 (b)(4) waiver, and worked on the systems requirements for the selective contracting initiative.
3. Procured the services of consultants and assisted in the oversight of an insurance benefit package comparison between Medicaid, SCHIP and the State Employees and an actuarial analysis of costs involved with a risk-based and a self-funded SCHIP product.
4. Developed a matrix on the cost-sharing provisions of the ME, VT, CT, RI and NH Medicaid and SCHIP programs.
5. Drafted a RFP for premium collection in the Medicaid program.
6. Secured services of consultants for the physician outpatient hospital services review and analysis and the GraniteCare Enhanced Care Coordination Pilot Project contract review.
7. Initiated work on the "Medicaid 101" presentation and orientation guide.
8. Researched and developed health access regions for future DHHS research and reports on insurance, access, community benefits and community health.
9. Developed a User's Guide and accompanying documentation for DHHS Standard Indicator Reports assessing the health of regions of the state.
10. Drafted the next version of the administrative rules for hospital discharge data collection, incorporating research on health care cost and quality measures based on national standards (CMS) and other state's experience and tailored to data available to NH.
11. Assisted in the development of consumer friendly narratives for publicly disseminated comparative hospital cost and quality reports.
12. Drafted a new reporting format for community benefits with OMBP project staff (based on Wisconsin model); participated in requested project meetings and associated tasks.
13. Identified analysts and necessary software resources for development of BRFSS report.
14. Developed of consumer friendly web pages regarding the Comprehensive Healthcare Information System (CHIS) for the NH.gov website; assisted in the coordination of the development of the Healthcost website (based on CHIS data analysis).

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
August 15, 2007
Page 4

The University of New Hampshire was selected to complete this Scope of Services without formal requests for proposal because: (a) it is New Hampshire's State-supported University, and (b) the Department of Health and Human Services, in cooperation with the University, has established and supported the development of the Institute for the purpose of providing the State with this type of technical assistance and support. As a primary educational facility for health care workforce in the State, the University is uniquely qualified to assume this responsibility.

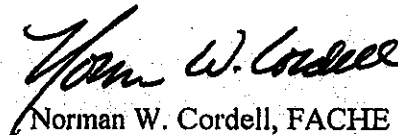
The University of New Hampshire is contributing to the expenses of the Institute and provides the costs of office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping, and financial records.

The geographic area to be served by this amendment is statewide.

Funds for this amendment are 50% general and 50% federal funds.

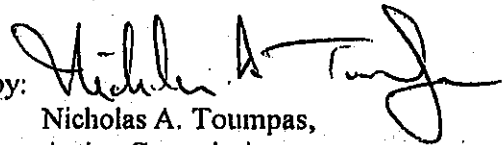
In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Norman W. Cordell, FACHE
Medicaid Director

Approved by:



Nicholas A. Toumpas,
Acting Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-5254 1-800-852-3345 Ext. 5254
Fax: 603-271-8431 TDD Access: 1-800-735-2964

John A. Stephen
Commissioner

Richard E. Kellogg
Acting Director

August 29, 2005

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

*Approved by
G+C 9/21/05
#111
CE 151035*

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Business and Policy, to enter into an agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (vendor number 92050), in the amount of \$520,000 retroactive to July 1, 2005 through June 30, 2007. The agreement was initially approved on June 9, 1999 (Item No. 49) and amended June 21, 2000 (Item No. 95), on June 6, 2001 (Item No. 61), on June 16, 2003 (Late Item No. B), and on October 8, 2003 (Item No. 75). Funds for this purpose are available in the following accounts according to state fiscal year with authority to adjust amounts, if needed and justified, between state fiscal years.

Account No.	Description	Budget
SFY 2006 010-095-6126-097- 007 0461	Medicaid Administration	\$250,000
SFY 2007 010-095-6126-097- 007 0461	Medicaid Administration	\$270,000
Total		\$520,000

EXPLANATION

The Requested Action is for approval for the Department of Health and Human Services (DHHS) to enter into an agreement retroactive to July 1, 2005 with the University of New Hampshire (UNH), Institute for Health Policy and Practice (IHPP). It was important to begin work prior to contract approval on the care management initiative required under HB2 (SFY '06 and SFY '07), in order to meet the legislative timelines for this initiative established in the operating budget that was passed on June 29, 2005. IHPP was created under an initial Agreement initially approved by the Governor and Council on June 9, 1999 (Item Number 49). The potential for this award was included in the original agreement pursuant to Section 17. This award will allow IHPP to work with the DHHS, Office of the Commissioner and Office of Medicaid Business and Policy (OMBP), Bureau of Health Care Research (BHCR). IHPP will work with OMBP/BHCR staff to support its mission and research agenda through provision of technical assistance and consultative services. These services will result in specific deliverables developed to meet three (3) primary objectives:

1. Assessment/revision of Medicaid provider payment methodology and reimbursement policies;
2. Provision of population-based health care data and standardization datasets on health care cost and quality; and
3. Performance of specific tasks, as requested by DHHS/OMB, including but not limited to: economic analysis, financial analysis, policy analysis, program evaluation or other support services necessary to implement the SFY '06 and SFY '07 budget initiatives.

IHPP staff will work with the OMB/BHCR to analyze business operations with attention to industry practices, review policy and reimbursement rates, make recommendations, and assist in the implementation of changes to provider reimbursement for the purposes of budgetary predictability and cost containment. The priorities will be to create a new Alternative Payment Methodology - as required under federal law - for Federally Qualified Health Centers and Rural Health Clinics and to contribute to the design of the care management initiative required under HB2 (SFY '06 and SFY '07 Budget). All recommendations, outlines, and project implementation will be thoroughly documented and staff trained on revisions to rates, and reimbursement policy and procedures.

IHPP staff will work with OMB/BHCR staff to develop text for the Health Web Reporting and Query System (HealthWRQS) community profile analytic reports, research and develop health access regions for future research efforts, and research/develop health care cost and quality measures for comparative use that can be disseminated in consumer friendly narratives.

The IHPP will also support the analytic work performed by the OMB/BHCR staff on a task order basis. IHPP staff - or consultants working through IHPP - will assist OMB/BHCR staff to conduct economic, financial and policy analyses, program evaluation and provide support services necessary to achieve DHHS SFY '06 and SFY '07 budget initiatives. Examples of these tasks may include: review of current Medicaid rate structures; development of monitoring tools for day-to-day operational management of the program; provision of actuarial services for the enhanced care coordination initiative; and revision of outpatient reimbursement rates.

IHPP will also develop the scope of work under the Medicaid Memorandum of Agreement between UNH and DHHS, as directed by OMB, to provide technical assistance to improve the efficiency of the Medicaid Program. Alternative federal and private funding sources in the focus area of community health, population-based health care data, and Medicaid cost management and payment reform will continue to be developed.

Over the course of the past two years, IHPP has successfully addressed the activities identified in the Scope of Services for SFY '04 and SFY '05. The progress made to date is as follows:

- Implemented two pilot sites for the Administration on Aging/Centers for Medicare and Medicaid Services (AOA/CMS) project and released the customer satisfaction survey instrument at both sites.
- Assisted OMB staff on drafting the scope of work for the next biennium.

- Consulted with OMBP staff regarding Federally Qualified Health Center (FQHC) and hospital reimbursement.
- Analyzed insurance claims data for the NH Insurance Department; developed and implemented a consumer-based web information resource and search tool regarding pricing for health care service purchasing.
- Worked with DHHS Maternal and Child Health staff to complete the Maternal and Child Health (MCH) needs assessment, which included analyses of Medicaid data for adequacy of prenatal care and birth outcomes.
- Empowering Communities Project:
 - Developed the final report for year three activities.
 - Obtained Endowment approval for revision to the scope of work for year four funding.
 - Conducted advisory counsel meetings to review results from year three activities and receive input for year four.
 - Conducted marketing activities to enhance project awareness and added new websites containing evidence about effective solutions to community/public health problems.
 - Developed survey to assess current state and community leader needs and preferences for receiving training on community health assessment and improvement.
- The New Hampshire Health Information Center (NHHIC):
 - Launched a website to provide links to projects and progress.
 - Completed and delivered the database development, documentation, workloads guidelines analysis, analysis documentation, Disproportionate Minority Contact (DMC) template and template instruction.
 - Completed redesign of the New Hampshire Health Data Inventory (HDI) to make it more user-friendly and added the national data sources to the Inventory.
 - Offered the popular "Prove It!" course which teaches participants how to locate, use and interpret health data

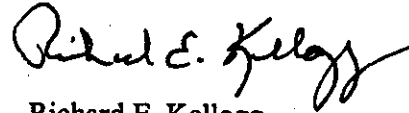
UNH was selected to complete this Scope of Services without formal requests for proposal because: (a) it is New Hampshire's State-supported University, and (b) DHHS, in cooperation with UNH, has established and supported the development of IHPP for the purpose of providing the State with this type of technical assistance and support. As a primary educational facility for health care workforce in the State, UNH is uniquely qualified to assume this responsibility.

UNH is contributing to the expenses of IHPP and provides the costs of office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping, and financial records.

The geographic area to be served by this amendment is statewide.

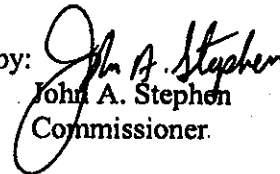
Funds for this amendment are 50% general and 50% federal funds.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Richard E. Kellogg". The signature is fluid and cursive, with a large initial "R" and a long, sweeping tail.

Richard E. Kellogg
Acting Director

Approved by:

A handwritten signature in dark ink, appearing to read "John A. Stephen". The signature is cursive, with a large initial "J" and a long, sweeping tail.

John A. Stephen
Commissioner.



DHS JUL 2003 PM 2:07

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HEALTH PLANNING & MEDICAID

Nicholas J. Vallas
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
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Lori H. Real
Director

July 21, 2003

Approved
10/8/03
Item # 75
#851206

His Excellency, Governor Craig R. Benson
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Health Planning and Medicaid, to enter into an agreement with the University of New Hampshire, Durham, New Hampshire (Vendor Number 92050) in the amount of \$700,000 effective August 13, 2003 or date of Governor and Council approval, whichever is later, through June 30, 2005. Funds for this purpose are available in the following accounts according to state fiscal year with authority to adjust amounts, if needed and justified, between state fiscal years:

Account No.	Description	Budget
SFY 2004 010-095-6126-097-0114	Medicaid Administration	\$351,620
SFY 2005 010-095-6126-097-0114	Medicaid Administration	\$348,380
Total		<u>\$700,000</u>

EXPLANATION

The Requested Action is for approval for the Department of Health and Human Services to enter into an existing Agreement with the University of New Hampshire Institute for Health Policy and Practice. The Institute was created under an initial Agreement initially approved by the Governor and Council on June 9, 1999 (Item Number 49). The award of additional funds is consistent with the Continuing Resolution (HJR 3), as enacted on June 30, 2003, and is subject to final approval of the SFY 2004 and 2005 Operating Budget. The potential for this extension and award was included in the original Agreement pursuant to Section 17. This award will allow the New Hampshire Institute for Health Policy and Practice to work with the New Hampshire Department of Health and Human Services Office of the Commissioner, Office of Health Planning and Medicaid, and Office of Research and Analysis to provide technical assistance to improve the efficiency and effectiveness of the Medicaid Program, to facilitate and develop a comprehensive public and private health claims database, and to continue to develop multi-disciplinary, cross-departmental research and policy projects with State and University staff.

The Institute for Health Policy and Practice staff will work with the Office of Health Planning and Medicaid (OHPM) to analyze data, review policy and reimbursement rates, make recommendations, and assist in the implementation of changes to provider reimbursement for the purposes of budgetary predictability and cost containment. All recommendations, outlines, and project implementation will be thoroughly documented and staff trained on revisions to rates, and reimbursement policy and procedure. The Institute will further develop the scope of work under the Medicaid Memorandum of Agreement between UNH and NH DHHS, as directed by OHPM, to provide technical assistance to improve the efficiency of the Medicaid Program. Matters of health care policy and services as related to community health and public health, as requested by OHPM, will continue to be addressed. Alternative federal and private funding sources in the focus areas of community health, adolescent health, and Medicaid cost management will continue to be developed.

The Institute for Health Policy and Practice will work with the Office of Research and Analysis to facilitate and develop a comprehensive public and private health claims database. The Institute will analyze health care trends and factors, and identify potential health care issues across the State, which impact public and private sector costs. Cost containment measures will be developed. This database will provide an overall, integrated assessment of the health of New Hampshire residents as a basis for policy development and research. This project will integrate and build on the recommendations of the Granite State Data Archive strategic planning process, the Health Data Inventory, which has been constructed by the Institute in collaboration with the Department and the Endowment for Health, and the How's Your Health NH Initiative, which was undertaken collaboratively with Dartmouth Medical School.

The Institute for Health Policy and Practice will continue to develop multi-disciplinary, cross-departmental research and policy projects with State and University staff. Using the UNH Carsey Institute as a framework, collaborations between the State of New Hampshire, UNH, Dartmouth, and community agencies will be sought. The Institute will act as an impartial source of data and analysis for public policy and state agencies. They will continue to convene a Health Care Roundtable to identify strategies to manage the New Hampshire health care market.

Over the course of the past three years, the Institute for Health Policy and Practice has successfully addressed the activities identified in the original Scope of Services. The progress made to date in developing the Institute is as follows:

- Leveraged approximately \$1 million dollars of additional funds to support Department of Health and Human Services/Institute projects and continues to initiate work focused on the pursuit of sustainable source of core funding for operations.
- Convened a Health Care Roundtable;
- Developed an inventory of research faculty throughout New Hampshire's institutions of higher learning that are interested in building a consortium for health care research, policy analysis, and practice;

- Drafted and obtained written approval, from the Commissioner of Health and Human Services and the President of UNH, of a document that outlines Medicaid program-related administrative, management and technical support that UNH might provide DHHS;
- Received additional grant funding from the Guten Foundation and the Endowment for Health that supports work in the areas of suicide prevention, community health assessment and health improvement, and long-term care;
- Created a NH Health Data Inventory and offered statewide training designed to improve community access to data and enhance local ability to utilize data;
- Conducted a study to address the needs of informal caregivers to elders to shape policies and services to effectively respond to the needs of this population;
- Developed an Adolescent Resource Center located at the Institute, in collaboration with the DHHS, designed to provide infrastructure for a coordinated effort to support the health and well-being of NH youth;
- Worked with leadership of the business community and the University who grapple with the problem of increasing costs of health care premiums, to identify remedial action and identify cost containment measures; and
- Supported work on Medicaid-focused initiatives, in collaboration with the Office of Health Planning and Medicaid, designed to contain costs.

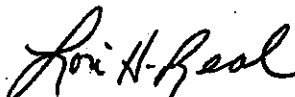
The University of New Hampshire was selected to complete this Scope of Services without formal requests for proposals because: (a) it is New Hampshire's State-supported University, and (b) the Department of Health and Human Services, in cooperation with the University, have established and supported the development of the Institute for the purpose of providing the State this type of technical assistance and support. As a primary educational facility for the health care workforce in the State, the University is uniquely qualified to assume this responsibility.

The University of New Hampshire is contributing to the expenses of the Institute and provides the costs for office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping, and financial records.

The geographic area to be served by this amendment is statewide.

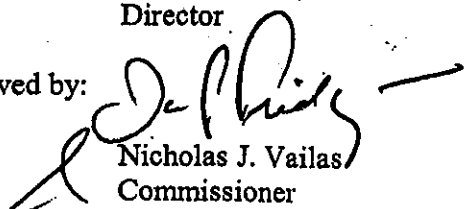
Funds for this amendment are 50% general and 50% federal.

Respectfully submitted,



Lori H. Real, M.H.A.
Director

Approved by:



Nicholas J. Vailas
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PLANNING AND RESEARCH

2-3

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-5254/5256 FAX: 603-271-8431 TDD Access: 1-800-735-2964

Donald L. Shumway
Commissioner

Lori H. Real
Director

May 24, 2001

Sole Source
4/11-12
13167

Her Excellency, Governor Jeanne Shaheen
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1. Authorize the Department of Health and Human Services to amend an existing Agreement with the University of New Hampshire, Durham, New Hampshire (Vendor Number 92050) for development of the Health Policy and Practice Institute which was initially approved on June 9, 1999 (Item no. 49), and amended on June 21, 2000 (Item no 95) by extending the termination date to June 30, 2003 (from June 30, 2001); and increasing the price limitation from \$350,784 to \$805,784, effective June 20, 2001 or date of Governor and Council approval, whichever is later. Funds are available in the following accounts

Account No./Description	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
HCTF Grants			
SFY 2001 025-095-7136-095-0114	\$350,784	\$0	\$350,784
SFY 2002 025-095-5692-091-0114	\$0	\$240,000	\$240,000
SFY 2003 025-095-5692-091-0114	\$0	\$215,000	\$215,000
Total	\$350,784	\$455,000	\$805,784

2. Authorize an advance of one quarter of the contract increase, \$113,750, to the University of New Hampshire upon Governor and Council approval of this amendment.

EXPLANATION

The Requested Action is for approval to amend an existing Agreement with the University of New Hampshire to continue the development of the Health Policy and Practice Institute. The Health Policy and Practice Institute was created under the initial Agreement (through June 30, 2000) and current amendment (extension of the end date to June 30, 2001). The award of the additional funds is consistent with the House Bill 1, as passed by the House, and is subject to final approval of the SFY 2002-2003 Operating Budget. This award of funds and extension of the completion date are necessary to continue the development of the Institute. The potential for this extension and award was included in the original Agreement pursuant to Section 17.

During this period, the University of New Hampshire has made progress in developing the Institute. They have:

- Recruited and hired the Director and Program Assistant.
- Developed position descriptions for staff.
- Established office space.
- Recruited and convened an advisory committee.
- Developed the Institute's mission and functions.
- Assisted in convening and in the implementation of a Health Care Roundtable.
- Drafted a conceptual paper to develop structured linkages between the University of New Hampshire and the Department of Health and Human Services.
- Facilitated a direction setting meeting among the senior management of the University of New Hampshire, Dartmouth and the Department of Health and Human Services.
- Developed an inventory of research faculty throughout New Hampshire's institutions of higher learning that are interested in building a consortium for health care research, policy analysis, and practice.
- Initiated work to pursue sustainable sources of core funding for operations.

By extending the termination date of the Agreement, the University of New Hampshire will be able to sustain the accomplishments realized to date and complete the remaining activities identified in the original Scope of Services.

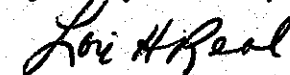
The University of New Hampshire was selected without formal requests for proposals because it is New Hampshire's State-supported University and the Institute was being established and supported with the cooperation and participation of the University and the Department of Health and Human Services. As a primary educational facility for the health care workforce in the State, the University was, and is uniquely qualified to assume this responsibility.

The University of New Hampshire is contributing to the expenses of the Institute. They provide the costs for office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping and financial records.

Area served: statewide.

Source of Funds: 7136-095 100% general funds, 5692-091 (both SFY 2002 and 2003) 35% federal and 65% general funds by cost allocation.

Respectfully submitted,



Lori Real
Director
Office of Manning and Research

Approved by:



Donald L. Shumway
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4688 FAX: 603-271-4912 TDD Access: 1-800-735-2964

Donald L. Shumway
Commissioner

Kathleen G. Sgambati
Deputy Commissioner

June 2, 2000

5 NO
Sole Source

435-01

12208

Her Excellency, Governor Jeanne Shaheen
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

- ✓ 1. Authorize the Department of Health and Human Services to amend an existing Agreement 92050 with the University of New Hampshire, Durham, New Hampshire, Vendor Number 02050 which was initially approved on June 9, 1999 (Item no. 49), by extending the termination date to June 30, 2001 (from June 30, 2000), effective June 21, 2000 or date of Governor and Council approval, whichever is later.

EXPLANATION

The Requested Action is for approval to amend an existing Agreement with the University of New Hampshire to continue, at no additional cost. The Health Policy and Practice Institute was created in the first year of this Agreement. The potential for this extension of the completion date was included in the original Agreement pursuant to Section 17.

During the first year of the Agreement, the University of New Hampshire has made substantial progress in implementing this program. They have:

- Recruited, reviewed and interviewed individuals for the Director's position. A suitable candidate was not selected and the search has been continued.
- Developed position descriptions for staff.
- Established a temporary office space.
- Recruited advisory committee members and held the first meeting February 3, 2000.
- Developed an inventory of research faculty throughout New Hampshire's institutions of higher learning that are interested in building a consortium for health care research, policy analysis, and practice.
- Assisted in convening and in the implementation of a health care roundtable on March 4, 2000 dealing with private sector solutions regarding the cost of health care in New Hampshire.
- Drafted a conceptual paper to develop structured linkages between the University of New Hampshire and the Department of Health and Human Services.
- Facilitated a strategic direction setting meeting among the University of New Hampshire, Dartmouth and the Department of Health and Human Services.

By extending the termination date of the Agreement, the University of New Hampshire will complete the remaining activities identified in the original Scope of Services.

The University of New Hampshire was selected without formal requests for proposals because it is New Hampshire's State-supported University and the Institute was being established and supported with the cooperation and participation of the University and the Department of Health and Human Services. As a primary educational facility for the health care workforce in the State, the University was, and is uniquely qualified to assume this responsibility.

The University of New Hampshire is contributing to the expenses of the Institute. They assumed the costs for office furniture, computers, printers, fax, office space, heating, lighting, custodial services, bookkeeping and financial records.

Area served: statewide.

Respectfully submitted,

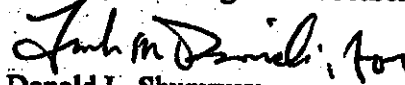


Lori Real

Director

Office of Planning and Research

Approved by:



Donald L. Shumway
Commissioner



Donald L. Shumway
Commissioner

Lori H. Real
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF PLANNING AND RESEARCH

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-5254/5256 FAX: 603-271-8431 TDD Access: 1-800-735-2964

May 18, 1999

Her Excellency, Governor Jeanne Shaheen
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

1. Authorize the Department of Health and Human Services to enter into an agreement with the University of New Hampshire, Durham, New Hampshire, Vendor Number 92050, in the amount of \$350,784 effective June 3, 1999 or date of Governor and Council approval whichever is later through June 30, 2000. Funds are available in the following account:

Account Number

SFY 1999

025-095-7136-095-0114

\$350,784

2. Authorize an advance of the total Agreement amount of \$350,784 to the University of New Hampshire upon Governor and Council approval of this Agreement.

EXPLANATION

The first Requested Action is for approval for the Department of Health and Human Services to enter into an Agreement with the University of New Hampshire to create a Health Policy and Practice Institute. The Institute will serve State and private agencies through increasing the capacity within New Hampshire to conduct health care research, analysis and evaluation for fact-based policy development and improvement in the health care system. Exhibit A, which is attached outlines the proposed Scope of Services. The services in year one include:

1. Recruit and hire an Executive Director and staff. The authorization of an advance in the amount of \$350,784 will allow this to occur.
2. Set up an office at a location which is mutually agreed upon by the University of New Hampshire and the Department of Health and Human Services.
3. Establish, in collaboration with the Department of Health and Human Services, an Advisory Committee with individuals from, but not limited to: business, health care, the Legislature, the University of New Hampshire, Dartmouth College, and the Department of Health and Human Services.

LC
6/09/99
#49

4. Conduct an inventory of research faculty throughout New Hampshire's institutions of higher learning that would be interested in building a consortium for health care research, policy analysis and practice.
5. Convene a New Hampshire Health Care Roundtable meeting with individuals representing public and private organizations to share information across the health care industry about citizens unmet health care needs, identify what organizations are doing to address these needs, and determine what further initiatives are needed.
6. Pursue foundation and federal funding for initiatives which will increase New Hampshire's capacity to address unmet health needs of its citizens.
7. Offer an informational workshop on Health Care Issues and Trends for the members of the Legislature.
8. Update the Institute's Business Plan.
9. Pursue sustainable sources of core funding for operations.
10. Identify opportunities to provide the New Hampshire workforce with leadership development and in-service training programs relevant to current health care needs.
11. Disseminate information regarding Institute activities to local and national organizations.
12. Provide technical assistance to the Department of Health and Human Services.

This is a one-year agreement. An amendment for the second and third years will be submitted to Governor and Council based upon the successful completion of the scope of work under the initial Agreement.

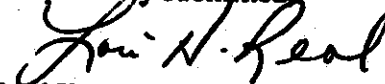
The University of New Hampshire is being selected without formal requests for proposals because it is New Hampshire's State-supported University and the Institute is being established and supported with the cooperation and participation of the University and the Department of Health and Human Services. As such, it has demonstrated its capabilities and experience and has available resources unique to the requested activities. As a primary educational facility for the health care workforce in the State, the University is uniquely qualified to assume this responsibility.

The University of New Hampshire will also contribute to the expenses of the Institute. They will assume the costs for office furniture, computers, printers, fax, office space, heating, lighting, custodial services, book-keeping and financial records.

Area served: statewide

Source of funds: 025-095-7136-095-0114, 100% general funds.

Respectfully submitted,


Lori H. Real
Director
Office of Planning and Research

Approved by:


Donald L. Shumway